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Connecting Kids to Coverage

Summary of Benefits for Illinois, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	
Fluoride treatments (including fluoride varnishes)	X			1 x year	
Sealants (list any tooth-specific limits)	X			1 x lifetime	Teeth 2, 3, 14, 15, 18, 19, 30, 31
Space maintainers	X			1 x lifetime	D1510, 1520 - Per Quadrant 10, 20, 30, 40, LL, LR, UL, UR D1515, 1525 - Per Arch 01, 02, LA, UA



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X			1 x lifetime	Completion of a mandated school exam form is considered part of the oral examination.	2
X-Rays						
Bitewing	X			1 x year	Maximum reimbursement for a single date of service for radiographs limited to fee for complete series. D0270, ages 0-20; D0272, ages 2-20; D0274, ages 10-20.	
Full Mouth	X			1 x every 3 years	Maximum reimbursement for a single date of service for radiographs limited to fee for complete series.	
Panoramic	X			1 x every 3 years	Maximum reimbursement for a single date of service for radiographs limited to fee for complete series. D0270, ages 0-20; D0272, ages 2-20; D0274, ages 10-20. D0330, ages 10-20	



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X			1 x year	Teeth 1-32, A-T	
Tooth colored composite	X			1 x year	D2335 - Teeth 6-11, 22-27, C-H, M-R. D2391, D2392, D2393, D2394 - Teeth 1-5, 12-21, 28-32, A,B, I-L, S, T.	
Crowns/tooth caps						
Stainless steel crowns		X		1 x every 5 years	D2930 - Teeth A-T D2931 Teeth 1-32 Authorization required for 3 or more crowns. Not compensated with construction of permanent crown.	
Metal (only) crowns		X		1 x every 5 years	Teeth 1-32 Requires pre-operative X-rays.	
Metal/porcelain crowns		X		1 x every 5 years	Teeth 1-32 Requires pre-operative X-rays.	
Porcelain (only) crowns		X		1 x every 5 years	Teeth 1-32 Requires pre-operative X-rays.	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Root canals on permanent teeth	X			1 x lifetime	Teeth 1-32 Requires pre-operative X-rays.	
Gum (periodontal) therapy						
Dentures						
Partial dentures	X			1 x every 5 years	Narr of med necessity, pre-operative X-rays, prior placement dates.	
Complete dentures		X		1 x every 5 years	D5110, D5130, D5120, D5140 - Narr of med necessity, pre-operative X-rays, prior placement dates. D 5130, D5140 - full mouth X-rays.	



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Bridges		X			Covered for permanent anterior teeth (6 - 27). One of D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6791, D6792, D6972) per 60 months, per patient per tooth. Prior authorization requires pre-operative x-rays and prior pla	Covered for permanent anterior teeth (6 - 27). One of D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6791, D6792, D6972) per 60 months, per patient per tooth. Prior authorization requires pre-operative x-rays and prior placement date, if applicable.



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	Yes	Only with prior authorization	No			
Orthodontics*						
Retainers (orthodontic)		X			One of D8680 per lifetime per patient. Date of Debanding must be included with the claim form.	



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Braces		X			All orthodontia cases must be pre-authorized. Submission of Pre-orthodontia photographs, plaster models or OrthoCAD models are required for prior authorization requests.	Patient must have a full erupted set of permanent teeth. Patients are evaluated using a tool that measures medical necessity as a first level of review. If the requested orthodontia treatment meets one of the listed criteria, the orthodontia service is approved. If the request does not meet any of the criteria, the case is evaluated using the Salzmann Malocclusion Severity Assessment. A score of 42 or
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Braces		X			All orthodontia cases must be pre-authorized. Submission of Pre-orthodontia photographs, plaster models or OrthoCAD models are required for prior authorization requests.	higher on the Salzmann malocclusion Severity Assessment qualifies for coverage.
Oral surgery						
Simple extractions	X				Teeth covered: 1 - 32; A - T	
Surgical extractions		X			Pre-authorization not required for D7210. All other surgical extraction services require submission of pre-operative X-rays for prior authorization.	
Care of abscesses		X			Pre-authorization requires narrative of medical necessity and pre-operative X-rays.	
Cleft palate treatment	X				All Cleft Palate cases are referred to the Division for Specialized Care of Children at 1-800-322-3722	
Cancer treatment		X			Services are pre-authorized with a pathology report.	
Treatment of fractures		X			Pre-authorization requires narrative of medical necessity and pre-operative X-rays.	
Biopsies			X			
Treatment of jaw joint problems (TMJ)						
			X		Covered as a medical procedure, not dental	



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	Yes	Only with prior authorization	No			
Emergency room services provided by a dentist						
	X				Services are billed as they would be in the office setting	
Inpatient Hospital Services						
	X				Services are billed as they would be in the office setting	



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Anesthesia						
General anesthesia		X			Provider must have Sedation Permit B. Narrative of medical necessity required.	Patients must have physical and/or mental health problems of such severity that treatment cannot be reasonably attempted without the use of sedation or general anesthesia. Patient's condition must be included in the request for prior authorization.



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Intravenous conscious sedation		X			Provider must have Sedation Permit A or B. Narrative of medical necessity required.	Patients must have physical and/or mental health problems of such severity that treatment cannot be reasonably attempted without the use of sedation or general anesthesia. Patient's condition must be included in the request for prior authorization.



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	Yes	Only with prior authorization	No			
Non-intravenous conscious sedation		X			Provider must have Sedation Permit A or B. Narrative of medical necessity required.	Limited to patients who are extremely apprehensive, mentally or physically handicapped, or those having extensive treatment in a single appointment.
Analgesia (nitrous oxide)	X					

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).